VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 11, 2018

Ms. Cailyn Fleury, Manager
Maplewood Recovery Residence
Po Box 222
Rutland, VT 05701

Dear Ms. Fleury:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 31, 2017.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0614	A BUILDING _____ B WING _____	C 01/31/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD RECOVERY RESIDENCE	195 STRATTON RD RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced complaint investigation was conducted on 1/31/17 by the Division of Licensing and Protection to determine compliance with the Vermont Residential Care Home Licensing Regulations. The following regulatory violation was identified as a result of the complaint investigation.	R100		
R200 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.15 Policies and Procedures Each home must have written policies and procedures that govern all services provided by the home. A copy shall be available at the home for review upon request. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that policies and procedures were developed to provide direction and instruction for staff who were assigned to perform 15 minute checks of residents and also how to perform 1:1 observations. Findings include: Per record review, upon admission Resident #1 was placed as a Level I (High Need for Assistance) as per the facility Safety Agreement which requests a resident to remain in the facility except to attend therapeutic appointments; be accompanied by staff when outside once per hour during a cigarette or fresh air request. Additional restrictions may be initially instituted upon admission with the goal of decreasing supervision and increasing a resident's ability to stay safe. In addition to being placed on Level I, Resident #1	R200	A one to one policy was written and signed off by the Chief Executive Officer and put into effect on 2/21/17, which directs staff how to perform 1:1 observations, when they should be utilized and by whose direction and when they should be discontinued. All staff will review the policy on their scheduled shift to work and sign a document stating that they reviewed the one to one policy and understand their responsibilities in regards to the policy. A copy of that signature sheet will be kept in a folder in the Program Manager's filing cabinet and made available to licensing at their request. A copy of the policy in attached to this document for licensing review. If a one to one policy is implemented it will be explained to client in regards to the expectations of the one to one. New staff will be trained during their initial training at the program. They will sign off that they reviewed the policy and understand their responsibilities. All current staff will sign off the policy by March 15,2017 and new staff policy review will be on-going. R200 POC accepted 5/3/18 F. McIntosh RN / S. Berry RN	

Division of LicensinQ and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0614	A BUILDING _ _ _ _ _ _ _ B WING _ _ _ _ _ _ _ _ _	C 01/31/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD RECOVERY RESIDENCE	195 STRATTON RD RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R200	R200 . Continued From page 1 was also placed on 15 minute checks : compounded with 1:1 observations. Over the course of 2 and 1/2 days, from 1/17/17 to the morning of 1/20/17 staff monitored Resident #1 ' doing both 15 minute documented checks and 1 :1 observations. During the course of conducting 1:1 observations, staff would observe the resident from an unspecified distance without specific direction regarding length of distance for "eyes on", physical proximity or when not to observe (during bathing/bathroom use/sleeping). Per interview on the afternoon of 1/31/17, the CRT Program Manager confirmed the RCH had not developed polices and procedures to direct staff how to perform 1:1 observations, when they should be utilized and by whose direction and when they could be discontinued. It was during observations of Resident#1 at 12:30 PM on 1/20/17, Resident : #1 had eloped from the facility.	R200		

MAPLEWOOD One-To-One Policy

EFFECTIVE: 2/21/2017
REVISED:
REVIEWED:

PURPOSE: To ensure the safety of the MapleWood residents.

POLICY

The Program Manager/Residential Coordinator or their Designee with consultation from the medical providers will determine if a one-to-one is warranted. There will also be a consultation with the medical providers to determine if the one-to-one can be discontinued.

PROCEDURE

If a one-to-one is implemented by the Program Manager/Residential Coordinator or their Designee, an order will be written by nursing staff and signed off by the doctor.
The following reasons may require a one-to-one to be implemented:

1. Suicide Risk
2. High risk for elopement or history of elopement
3. Behavioral issues (aggression towards others, destruction of property)
4. Self-harm behaviors
5. Smoking in room and/or refusing to give up lighter

Any resident on a one-to-one will expect the following:

1. Staff must be within two arms length distance to client.
2. If resident is in their bedroom, the door must remain open so that staff may see them. Staff needs to be positioned outside of resident's room, when resident is on one-to-one.
3. If resident uses the bathroom or is in the shower, a staff member of the same sex must go into the bathroom with client to ensure client's safety.
4. Resident will be on 15 minutes checks which will be recorded on an observation sheet.
5. Resident is not allowed to be behind closed doors at any time.
6. If resident goes outside, resident must remain within two arms lengths distance from staff at all times. Resident cannot leave MapleWood property which means that they need to stay on the grassy area in the back of building, should not go past the dumpster or past the CSID building. If staff are outside with resident, staff should bring a phone so that they can contact the police should a resident elope from the facility or in case of an emergency.

CHIEF EXECUTIVE OFFICER